2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P07000129747

Entity Name: A.S.G .3 & ASSOCIATES INC.

Current Principal Place of Business:

8787 SOUTHSIDE BLVD.
4306
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8787 SOUTHSIDE BLVD.
4306
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-1689225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BENJAMIN, LOUELLA M
6 WINDOVER PL.
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: GREEN, ARTHUR
Address: 8787 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete
Name: BROOKS, TYTIYANNA O
Address: 8787 SOUTHSIDE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: TRES ( ) Delete
Name: BENJAMIN, LOUELLA M
Address: 6 WINDOVER PL.
City-St-Zip: PALM COAST, FL 32164

Title: VP2 ( ) Delete
Name: CLAVIZZAO, JOSEPH
Address: 22 CEDAR RUN APT. A
City-St-Zip: SANDY SPRINGS, GA 30350

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GREEN, ARTHUR PRES.
Address: 8787 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change ( ) Addition
Name: CLAVIZZAO, JOSEPH EXC. VP
Address: 22 CEDAR RUN SUITE A
City-St-Zip: SANDY SPRINGS, GA 30350

Title: TRES (X) Change ( ) Addition
Name: BENJAMIN, LOUELLA M TRES.
Address: 6 WINDOVER PL.
City-St-Zip: PALM COAST, FL 32164

Title: VP2 (X) Change ( ) Addition
Name: GREEN, BARBER, MICHELLE VP II
Address: 8787 SOUTHSIDE BV. SUITE 4306
City-St-Zip: JACKSONVILLE, 32 30350

Title: VP3 ( ) Change (X) Addition
Name: BLACK, THOMASINA L VPIII
Address: P.O. BOX 1572
City-St-Zip: LAKE CITY, SC 29560

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUELLA BENJAMIN TRES 05/01/2008

Electronic Signature of Signing Officer or Director Date